WHY BRIDGE BARRIERS?

Helping Others, Protecting Everyone

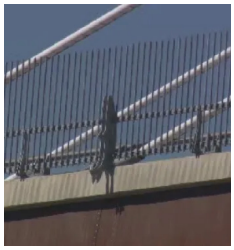
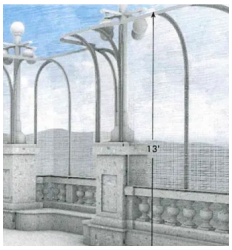

Left: Washington Ave Bridge. Right: St. Paul High Bridge

OVERVIEW

According to the Centers for Disease Control and Prevention's latest data, in 2021, 48,183 Americans died by suicide, placing it among the top 9 leading causes of death for people ages 10-64. After a slight decrease 2018-2020, suicide rates nearly returned to their 2018 peak in 2021. It is the second leading cause of death among youth and young adults ages 10-14 and 20-34. In 2019, according to the CDC, falling deaths (1,183) and drowning deaths (506) accounted for 3.5% of all suicide deaths.

Installing structural barriers is a proven means of increasing intervention time for people at risk for suicide by jumping. These are built on structures of significant height that pose a suicide risk including bridges, cell towers, and parking garages. They delay and deter suicide attempts and buy time in which a person can get through a suicide crisis.

TYPES INCLUDE CHAIN LINK, PLEXIGLASS, STEEL MESH, STEEL BALUSTERS, AND NETTING

EFFECTIVENESS

Of all bridge suicide interventions, physical barriers are the most effective. Non-barrier resources like signage and hotline call boxes have not proven as effective in saving lives as compared to physical barriers, as many suicides have still occurred from bridges with these in place.

There are many examples of bridge barrier installations successful at preventing suicide. Here in St. Paul, in 2017, the High Bridge was rebuilt, adding significantly higher railings and other features that have decreased suicide on this bridge to nearly zero. A barrier not only decreases deaths by suicide in the location, it also aids in preventing suicides for the entire city where the barrier is installed. Toronto's Bloor Viaduct, once the second most frequently used bridge for suicides in North America, saw barrier installation in 2003. Since that date, the site has had just one death by suicide. In addition, suicide rates have lowered across the Toronto area.

A common misconception is that if an individual in crisis cannot access one method of suicide, such as a bridge, they will find another location or means. This, however, does not match the data on suicidal behavior. A 1978 study on suicide attempts at the Golden Gate Bridge found that of 515 people prevented from attempting suicide at the Golden Gate Bridge, only six percent of them later died by suicide.

FUNDING

Bridge barriers have been funded at the state and local levels. SAVE is actively advocating for passage of the **Barriers to Suicide Act**, introduced in May 2023, in Washington, D.C. with our Minnesota Delegation. Key aspects of the bill:

- Requires the Department of Transportation (DOT) to establish a program facilitating installation of evidence-based suicide deterrents on bridges, including suicide prevention nets and barriers.
- DOT may award competitive grants to states and local governments to carry out the program.
- Specifies that the installation of safety barriers and nets on bridges of the National Highway System are eligible highway safety improvement projects under the National Highway Performance Program of the Federal Highway Administration.
- The Government Accountability Office must conduct a study to identify the types of structures, other than bridges, that attract a high number of individuals attempting suicide by jumping and the types of nets or barriers that are effective at reducing such suicides.

STRUCTURAL BARRIERS ARE THE MOST EFFECTIVE MEANS OF PREVENTING SUICIDES ON BRIDGES AND OTHER HIGH STRUCTURES. The passage of the bonding bill in this session of the Minnesota Legislature can help save lives by ensuring that the U of M's Higher Education Asset Preservation Request (HEAPR) is funded at the highest level. By doing so and including funding for renovations to the Washington Ave Bridge being requested by the University, suicide prevention barriers and deterrence measures can be installed, saving lives.